

CLAIMS ONLY						Application Number		Filing Date				
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17	1						67					
18		1					68					
19			1				69					
20				1			70					
21	1						71					
22		1					72					
23			1				73					
24				1			74					
25					1		75					
26						1	76					
27	1						77					
28		1					78					
29			1				79					
30				1			80					
31							81					
32							82					
33							83					
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35							85					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	14						Total Indep					
Total Depend	26						Total Depend					
Total Claims	30						Total Claims					